NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

ACTH (Cosyntropin) Stimulation Test

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

CORTROSYN (COSYNTROPIN) 0.25 MG:

- ◯ IV over 2 minutes
- ◯ IM

TIMED BLOODWORK:

Collect cortisol level

- ◯ Prior to administration
- ◯ 30 minutes after administration
- ◯ 60 minutes after administration

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name | Provider Signature

Date | Phone | Fax | Pager